**Before the**
**FEDERAL COMMUNICATIONS COMMISSION**
**Washington, D.C. 20554**

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| In the Matter of | ) | |
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| Universal Service Contribution Methodology | ) | WC Docket No. 06-122 |
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**COMMENTS OF THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE, TELEMEDICINE, AND ROBOTICS IN HEALTHCARE**

The Partnership for Artificial Intelligence, Telemedicine, and Robotics in Healthcare ("PATH"), by its attorneys, respectfully submits these comments on the Notice of Proposed Rulemaking ("NPRM") issued by the Federal Communications Commission ("FCC" or "Commission") on May 31, 2019, in the above-referenced matter.[1] The Commission seeks comment on whether to establish a cap on the federal Universal Service Fund ("USF" or "Fund") and whether a more holistic evaluation of the financial aspects of the four programs of the Fund can "better achieve the overarching universal service principles Congress directed the Commission to preserve and advance."[2] PATH supports the Commission's efforts to re-evaluate the financial aspects of the Fund. Innovation, technology, and broadband deployment are dramatically changing the delivery of healthcare and education. The rapidly changing marketplace for these critical services is evidence that there is no better time for the Commission to undertake this review to ensure all federal USF funding is utilized to meet the goals established by Congress, especially as to the Rural Health Care ("RHC") program.[3]

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[1] WC Docket No. 06-122, *Universal Service Contribution Methodology*, Notice of Proposed Rulemaking, FCC 19-46 (rel. May 31, 2019) ("NPRM").

[2] NPRM ¶ 1.

[3] NPRM ¶ 23.

## BACKGROUND

PATH is a membership-based, mission-driven alliance to ensure the integration of telemedicine, robotics, and artificial intelligence ("AI") into the many components that comprise global healthcare. PATH's forward-thinking directives help to ensure that expertise critical for decision-making and funding makes its way into the many healthcare settings. PATH members include health care providers, health system executives in industry, public policy, academia, finance, government, and educators – all of whom have a stake in the delivery of effective healthcare around the world in both on-site and remote care environments.

AI and related innovations have enabled industries such as banking, aviation, and entertainment to grow faster, provide higher-quality products, and allow consumers greater choice. Telehealth, telemedicine, and connected care solutions to improve patient outcomes are emerging at a rate never seen before.[4] However, innovation alone does not equal adoption and use, especially in healthcare. Innovations must gain the support of a spectrum of decision-makers – health care providers, regulators, payers, and consumers.

PATH is action-oriented, uniting stakeholders to identify the most critical technology innovations in telemedicine, robotics, and AI. This moves the field beyond research and innovation to enable an effective pathway for their adoption in the worldwide ecosystem of

[4] WC Docket No. 18-213, *Promoting Telehealth for Low-Income Consumers*, Notice of Proposed Rulemaking, FCC 19-64, ¶¶ 9, 14, 80 (rel. July 11, 2019) ("Telehealth NPRM") ("Connected care services have resulted in improved health outcomes for chronic conditions and significant cost savings for health care providers and patients . . . . by encouraging more health care providers to make use of connected care technologies, we may help create a model for the nationwide adoption of such technologies, which could lead to improved health outcomes for patients and savings to the country's health care system overall . . . . we intend that the Pilot will help improve health outcomes through connected care."); *see also* WC Docket No. 18-213, *Promoting Telehealth for Low-Income Consumers*, Statement of Chairman Ajit Pai ("The future of health care is connected care. And this is a future I want the FCC to support. The $100 million budget we've proposed for the Connected Care Pilot program is a smart investment. It will deliver a lot of value to American consumers and won't divert resources from existing USF programs. And I believe it will better inform our understanding of how telemedicine can be used, save costs, and improve health outcomes.").

medicine. PATH supports both public and private initiatives for patients, providers, and payers to realize the health outcome benefits of AI, telemedicine, medical sensors, and robotics based on the goals of: (1) improving patient outcomes and productivity; (2) reducing government and professional regulatory barriers; (3) aligning payment policies and incentives; (4) promoting partnerships in developing ethical applications; and (5) advancing public understanding surrounding AI, telemedicine, and robotics.

As the use of AI, telemedicine, robotics and other forms of advanced technology applications in healthcare grows, the Fund can play a critical role in advancing the healthcare transformation. PATH stands ready to tackle issues concerning the acquisition and payment of hardware, software, telecommunications services, and broadband access needed to power these innovative services. As such, PATH is uniquely qualified to participate in this proceeding concerning the future of the federal USF.

## COMMENTS

PATH appreciates the Commission's openness to changes that would improve the public benefit of USF funding. Putting aside the necessity for a single allocation cap, PATH generally supports the Commission's proposed "holistic" approach to administering the Fund. However, PATH supports a broader policy that would permit the Commission to reallocate funding among the four USF programs based on imbalances in the demand for each of the programs that will best achieve the universal service principles in sections 254(b) and (h) of the Communications Act of 1934, as amended ("Act").[5]

In particular, since rural health care is significantly broader than school-based care, PATH submits it may be unwise to establish a single funding cap for the RHC and Schools and Libraries

[5] 47 U.S.C. § 254(b), (h).

universal service support mechanism ("E-Rate"). As the Commission recognized in 2018 when it increased funding for the RHC program, "funding requests for high-speed broadband from health care providers have outpaced the RHC Program funding cap, placing a strain on the Program's ability to increase access to broadband for health care providers, particularly in rural areas, and foster the deployment of broadband health care networks."[6] The expansion of services and entities eligible for RHC program support, as well as advances in telehealth technology, have contributed to the rapid growth of the RHC program.[7] For example, recent increases in RHC funding requests may be due, in part, to coverage changes by Medicare and other third-party payors.[8] The ability for the Commission to have broader authority to reallocate USF funding consistent with the Act will minimize haste and regrettable regulatory changes. PATH appreciates the synergistic opportunities for rural school-based telemedicine, but it views the overall statutory universal service principles to be more integrated as applied to health care, which suggests a sub-combination of the RHC and E-Rate program caps is not appropriate at this time.[9]

According to the National Association of School Nurses, only an estimated 40 percent of U.S. schools have a full-time nurse.[10] Yet studies show school-based healthcare services improve children's access to primary and preventative healthcare (especially for low-income children) and address critical health problems that make it difficult for students to learn.[11] The American Public

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6 *Promoting Telehealth in Rural America*, 33 FCC Rcd 6574, ¶ 2 (2018) ("*RHC Increase Order*"); *see also* NPRM ¶ 24 (noting there has been significant pressure on the RHC program in recent years for additional funds).

7 *RHC Increase Order* ¶ 6.

8 *See, e.g.*, Pub. L. No. 115-123, §§ 50301, 50323, 50324, 50325 (Feb. 9, 2019) (increasing Medicare coverage for use of telehealth and allowing for expanded use of telehealth services).

9 Telehealth NPRM ¶ 109.

10 Leah Samuel, *At a growing number of schools, sick kids can take a virtual trip to the doctor*, Stat News (July 19, 2017), https://www.statnews.com/2017/07/19/telemedicine-schools-children/.

11 *The Relationship between School-Based Health Centers and the Learning Environment*, Journal of School Health (Feb. 17, 2010), https://onlinelibrary.wiley.com/doi/full/10.1111/j.1746-1561.2009.00480.x.

Health Association reports that students using school-based healthcare services have better grade point averages and attendance compared to students who do not use such centers, and as students' health and emotional well-being improves, so does their academic performance.[12] School-based healthcare centers offer a variety of services and are often open after school, which addresses cultural, financial, privacy, and transportation-related barriers to clinical and preventive health care services faced by vulnerable populations.

The School-Based Health Alliance indicates that school-based healthcare services are where health and education intersect,[13] and telehealth is at the center of that intersection. Many experts believe the use of telemedicine in schools can bring significant benefits, from allowing school nurses to treat more complex conditions to helping chronically ill kids attend school more frequently.[14] There is no question that "[s]chool telehealth will be a game changer in terms of children's health, keeping them in school and improving educational outcomes."[15]

Many telehealth innovations already exist in schools today. For instance, with the help of Diversity Telehealth's TELADOC service, students at Benjamin Banneker Charter Academy of Technology in Kansas City, Missouri use their laptops during school for behavioral health sessions with therapists.[16] Similarly, Florida International University has been using TAO Connect, an

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[12] School-Based Health Centers: Improving Health, Well-Being and Educational Success, American Public Health Association (February 2018), http://www.schoolbasedhealthcare.org/-/media/files/pdf/sbhc/well_being_in_schools.ashx?la=en&hash=F54F7A314E6EB201C8B91F0EF8DDC673E6A35187.

[13] School-Based Health Alliance, *About School-Based Health Care*, https://www.sbh4all.org/school-health-care/aboutsbhcs/.

[14] Michael Ollove, *Telemedicine in Schools Helps Keep Kids in the Classroom* (Jan. 4, 2017), https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/01/04/telemedicine-in-schools-helps-keep-kids-in-the-classroom.

[15] *Id*. (quoting Missouri state Representative Kip Kendrick, who helped pass a Missouri law that allows Medicaid payments for telemedicine in schools).

[16] http://www.diversitytelehealth.com/students-at-benjamin-banneker-charter-academy-of-technology-used-laptops-for-behavioral-health-sessions-with-therapists-during-diversity-telehealths-pediatric-telebehavioral-health-pilot/.

online therapy platform, to deliver counseling and psychological services to students.[17] The platform gives on-campus and online students the ability to use tools such as anxiety monitoring logs or engage in video conferences with their therapist in between face-to-face sessions.

Similarly, through its Health-e-Schools telemedicine program, the Center for Rural Health Innovation uses high-definition video to enable providers to deliver health care in schools in four rural North Carolina counties.[18] The Center's founder, Dr. Steve North, developed the Health-e-Schools program recognizing that academic and health outcomes are tightly linked. The program allows students to visit their school nurse, who then uses telemedicine cameras to present the student to a doctor or nurse practitioner in another location. The Health-e-Schools program is able to provide primary care, write and manage prescriptions, and provide behavioral health counseling all via telemedicine.

To further the synergistic opportunities for school-based telemedicine, PATH makes two recommendations for Commission action:

- Funding preference should be made under these programs for rural schools offering health care services to their students.
- Eliminate barriers created by labels and definitions when schools are used also to accommodate health care services for students. In this respect, "rural health clinics," which are eligible health care providers,[19] should be interpreted to include clinics based at a school – elementary, secondary, or post-secondary.

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[17] Ellen Ullman, *How to use tech to address students' mental health*, *e*CampusNews (Nov. 12, 2018), https://www.ecampusnews.com/2018/11/12/how-to-use-tech-to-address-students-mental-health/.

[18] Telemedicine in School-based Health Centers (February 2018), https://www.apha.org/-/media/files/pdf/sbhc/recommendations_sbhc_health_reform.ashx?la=en&hash=75E4FA21B7AAA0CF8D7EC9A2817081FF59F94D0D.

[19] 47 U.S.C § 254(h)(7)(B); 47 C.F.R. § 54.600(a). PATH appreciates the Commission's recognition that the definition of eligible health care provider may need to be interpreted more broadly to truly promote telehealth benefits

## CONCLUSION

PATH supports a broader holistic policy that would permit the Commission to reallocate funding among the four USF programs based on imbalances in the demand for each of the programs consistent with the universal service principles in sections 254(b) and (h) of the Act. It is well-established that demand for telehealth, telemedicine, and connected care will only continue to grow with the explosive introduction of new and innovative technologies, Internet of things, and enhanced and expanded broadband facilities. The Commission must ensure its policies are nimble and capable of the swift delivery of advanced services and access to healthcare that serves the public interest.

Respectfully submitted,

**THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE, TELEMEDICINE AND ROBOTICS IN HEALTHCARE**

/s/ Chérie R. Kiser

Jonathan D. Linkous, MPA, FATA
Chief Executive Officer
PATH
140 Huguenot Street
3rd Floor
New Rochelle, NY 10801

Chérie R. Kiser
Angela F. Collins
CAHILL GORDON & REINDEL LLP
1990 K Street, NW, Suite 950
Washington, DC 20006
(202) 862-8900
ckiser@cahill.com
acollins@cahill.com

Its Attorneys

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for all low-income consumers. *See* Telehealth NPRM ¶¶ 38-40.